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## APPLICANTS

Harry Meade, Newton, MA;

Michael Young, Weston, MA;

Ian Krane, Westborough, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/333,213 06/15/1999 PAT 6,548,653  
 which claims benefit of 60/089,343 06/15/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/22/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>gw</i>	Initials		

## ADDRESS

31904  
 GTC BIOTHERAPEUTICS, INC.  
 175 CROSSING BOULEVARD, SUITE 410  
 FRAMINGHAM, MA  
 01702

## TITLE

Erythropoietin analog-human serum albumin fusion

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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